

Governor Questions Log

No.	Date	Governor	Query	Response
130	14 April 2022	Governor	<p>1) A query was raised on whether the hydro pool would be reinstated if funding was made available.</p> <p>2) Can the venues being suggested be used for both adult and children, how many patients are using the pool and is funding being made available?</p>	<p>The hydrotherapy pool has been closed for two years in line with Covid Infection Prevention Control and social distancing regulations. Our estimates indicate it would cost over £720k to re-open and then £270k per year in ongoing costs. We feel an acute hospital site is not necessarily a suitable setting for a hydrotherapy service, and this was acknowledged by a hydrotherapy stakeholder group meeting with the MP Alok Sharma in July 2021.</p> <p>NHS patients must be referred by the Independent Financial Review process for hydrotherapy treatment.</p> <p>The search for suitable alternatives involved 40 pools and the focus was on keeping the NHS hydrotherapy provision within the Berkshire West boundaries, although it was extended into Oxfordshire because of the scarcity of suitable pools within the Berkshire West geography. Only two sites, Lynden Hill and Castle School adhered to the extremely rigorous clinical, health and safety and accessibility regulations and met with approval from the clinical inspection team which included aquatic physiotherapists, paediatric physiotherapy specialists and the Trust's Specialist Medicine Matron. These pools are also subject to stringent NHS contractual conditions and action can be taken if there are concerns around compliance.</p> <p>The pools now being used include Castle School, Newbury for paediatrics and Lynden Hill, Reading for adults.</p> <ul style="list-style-type: none"> • For the adult services no referrals have been made this year to Lynden Hill • For the paediatric service at The Castle: 9 referrals, 7 approved, 1 pending outcome and 1 rejected

			3) Are the department's that would normally recommend water physio aware that the hydro pool at the RBH is not in use.	Engagement has been held with appropriate teams and clinicians and they are aware the RBH hydro pool is no longer open and of the two alternative pools now providing hydrotherapy services for paediatrics and adults. NHS patients must be referred by the Independent Financial Review (IFR) process to receive hydrotherapy and staff are aware of this process.
131	25 April 2022	Governor	A query was raised on whether there was a Buckinghamshire, Oxfordshire and Berkshire (BOB) Integrated Care System (ICS) Strategy	The BOB ICS strategy is available in the public domain at https://www.bobstp.org.uk/bob-ics-development-plan/
132	5 May 2022	Governor	A query was raised on the use of gentamycin at the Trust.	The Trust is aware of the safety advice and implications around the use of Gentamycin. These have been known for many years and recent studies continue to add to the body of evidence. Our clinicians ensure that Gentamycin is used safely and only where there is no other alternative. Safety is maintained by ensuring the correct dosing and length of treatment course.
133	17 May 2022	Governor	Please clarify the position of volunteer drivers working for Burghfield and Mortimer volunteers who bring patients to the hospital and would wait for them. They may also be holders of a blue badge.	Volunteers who bring patients on to site and do not then stay with the patients will be asked to use the 30 min drop off bays throughout the site to do so. Volunteers will not be able to remain parked in those 30 min bays for longer than 30 minutes, as we ask that you then leave site and return later if you are collecting the same patient after their appointment. If, as a volunteer, you stay with the patient throughout the journey from home, to the appointment and back again, we are asking that you park in the Patient and Visitor parking and that you ask the patient to pay for the amount for the parking. Some patients are entitled to claim free parking and details can be provided.
134	20 May 2022	Governor	Does the RBH or the NHS centrally	The Trust recruits in line with the ethical recruitment guidance (link below)

			contribute to the health care system training costs of the developing countries from which nurses are employed?	and would not recruit from countries that have struggling healthcare systems. https://www.nhsemployers.org/articles/code-practice-international-recruitment
135	20 May 2022	Governor	In view of the increased use of the A&E Department (ED), are the costs of visits that should be dealt with by GP's being reclaimed?	There is currently no process for the Trust to cross charge for patients that could have had their health needs met by an alternative service. The Trust is currently funded on a block contract. Therefore payment is received for a set mixture of activity which the Trust is currently exceeding. The Trust is working in collaboration with primary care colleagues to design a same day access model that will allow the redirection of patients to alternative services, from the emergency department.
136	20 May 2022 28 November 2022	Governor	If there is space within the older North block, should not less highly serviced activities be moved in such as the Diabetes Clinic in Melrose House (West)? This would allow Melrose Surgery to expand as is needed. Alternatively, could not the hospital use its space to house the GP Practice as well, perhaps to include a walk-in centre to relieve A&E? Melrose House could then be disposed of. Our NHS is supposed to be integrated. Does perpetuity Melrose house must be used as a diabetes clinic or could an alternative clinical use be negotiated and	Melrose House was purchased using charitable funds following a successful appeal in the late 1990s by Reading District Hospitals Charity (RDHC) specifically to provide a space to enable Royal Berkshire NHS Foundation Trust to provide a diabetes clinic in a location close to the hospital. The property transferred to Royal Berks Charity in 2017 when the two charities joined forces with the terms for the use of the property remaining the same. The lease for Melrose house states that the property should be used for the "treatment of diabetes and associated disorders and ancillary support information and co-ordination services." This is also included in the occupation covenants of the lease. North Block does not currently have any additional space for services to be relocated. It is unlikely for the foreseeable future that space will be available within Trust premises as services and departments are being relocated on the site and out of older accommodation in other buildings that is no longer

			agreed upon?	useable and/or will be demolished. As any space becomes available within the hospital premises there is a waiting list of services to move and/or expand into these areas to be able to meet the demand for our services.
137	20 May 2022	Governor	It is understood that the Secretary of State has made a statement that cancer referrals from primary care should be prioritised by hospital trusts. Is this being implemented at the Trust and if so, which specialities are most likely to suffer an increase in waiting times as a result? How will the increase in waiting times be communicated to the naturally disappointed patients?	The Trust prioritises referrals for suspected cancer on the 2 week wait pathways and this approach is supported throughout the Trust. We have seen an overall sustained rise of circa 15% of referrals on previous figures. It is difficult to confirm whether this is patients that did not get referred during the pandemic or whether this is just a higher rate of referrals or a combination of both. We anticipate specific increases in specialities such as Lung, Breast and Urology where specific initiatives has begun to meet faster diagnosis targets. We are working through plans to meet increasing demand and will continue to prioritise diagnosis. There is a challenge in meeting the 62 day target (urgent referral for suspected cancer to initiation of treatment) and this is being managed through intensive review and prioritisation of individual patients and their care plans. Patients are informed at every step of the pathway what the current timelines are expected to be for the next stage in their treatment.
138	20 May 2022	Governor	When can people expect that sufficient staff will be recruited to PALS to provide the service levels set? What are the service levels i.e. number of hours/days within which calls/queries should be responded to?	During the previous 6 months the Patient and Liaison Service had not been fully staffed due to sickness absence and staff vacancies. However, the service is now fully staffed and the team are available to respond to queries between 8.30am-4pm Monday-Friday. The standard response time for a complaint is 25 working days. This can take longer in cases where clinical staff are responding to high levels of demand in the hospital or where complaints are complex.
139	27 May 2022	Governor	CT scanner usage at the weekend and use by private providers	Prior to Covid, Berkshire Imaging, had used the CT scanner equipment for Private work. However, the increase in operational pressures and CT requests has meant all sessions are now used for the NHS. The Trust also offers a private patients service and use of the CT scanners

				would be outside core hours used for NHS work. The volume of appointments provided do not impact on NHS waiting times.
140	2 August 2022	Governor	<p>How many times in the last year and/or year before were pregnant mothers in labour sent home then required emergency re-admission the same day or within 24 hours? Of these, how many delivered at home or in transit to the hospital?</p> <p>Are these incidents recorded as serious incidents or 'near misses'?</p> <p>If not, should they not be, given that unexpected home delivery without professional support is inherently highly risky?</p> <p>I understand mothers who are considered not imminent are offered a choice to stay in the hospital or to go home. Are they encouraged to do one or the other, and what is the approximate split of choices made?</p>	<p>This information is not routinely collected. However, in the last detailed review of babies born before arrival (BBA) 18 cases were reviewed over a three month period. 8 out of 18 cases made no contact with the hospital prior to giving birth to their baby. 5 out of the 10 women who did call were invited into the unit, assessed to be in early stages of labour and returned home. The review concluded the advice was appropriate whilst none of the patients were in established labour.</p> <p>BBA are not reported as Serious Incidents or near misses unless there is an outcome that fits in with the triggers for a Serious Incident</p> <p>The Trust encourages women who have had a baby before to remain in the unit and have early labour care for a four hour period. Other women are offered this if they are concerned about going home. This provide women with a choice. However, the Trust ensures that triage processes and discussions are appropriate so that women are not brought into the unit if they don't want or need to come in early labour.</p>
141	16 August 2022	Governor	<p>Are there plans to use the VERDICT MRI Technique at the RBH to reduce the number of unnecessary biopsies for men with suspected prostate cancer. If yes, please indicate when this will become standard practice</p>	<p>There are no current plans to use the Verdict MRI technique at the hospital.</p>

142	1 September 2022	Governor	Please can you advise if the treatment known as Prostate Artery Embolisation (PAE) is offered by the Radiology Department.	The Trust does offer Prostate Artery Embolisation (PAE) treatment and this is provided by the Radiology Service.
143	22 November 2022	Governor	Why sheets on a bed were changed every day if a patient is staying for multiple nights?	Sheets are changed when visibly soiled, damaged, or patient discharged as the absolute minimum. At other times it would be related to patient comfort.
144	22 November 2022	Governor	Whether blood tests will be impacted by the industrial action or whether this is included in the derogation exclusions?	Blood Tests should not be affected directly as phlebotomists are not members of the Royal College of Nursing. In cases where there are some delays or disruption indirectly as a result of proposed industrial action the Trust would work to minimise these.
145	5 December 2022	Governor	What we are doing in relation to the three red rated sections that we show up in within the southeast region for the MBRRACE-UK Perinatal Mortality Surveillance Report for births in 2020. https://www.npeu.ox.ac.uk/mbrance-uk/reports	The data from 2020 has rightly caused concern and triggered even more detailed than usual scrutiny of all of this. There is some good reassurance from the data before and after 2020, and strong systems in place to monitor and respond to this in order to protect our patients and maximise learning and ongoing development across the whole of our maternity team.
146	8 December 2022	Governor	With regards to increased reporting requirements, specifically the 4 calls per day, can an automated report be created? Or can a more junior person present the RBH data on the call? With regards to the GPs in A&E, is this a long term thing? When will the efficiency of the GPs be reviewed?	The Trust will be using a daily situational report (Sitrep) to service this if required and only amending by exception. The Trust is currently trialling the use of GPs for some shifts in the ED and will continue to assess the impact of this measure in due course. There is no date set as yet to review the usage of GPs in ED.

147	19 January 2022	Governor	At what stage should patients be contacted about any new development in their treatment and who should do that? Also does this merit some challenge by NEDS	<ol style="list-style-type: none"> 1) Any changes in patient condition, scan results, blood results or similar which would make a material difference to the effectiveness of a treatment the patient is receiving should be discussed as soon as is reasonable with the patient by the clinician co-ordinating the care of the patient 2) Any new treatments a patient might reasonably have access to, which may make current treatments redundant, or might be more effective than current treatments should be discussed with the patient as soon as is reasonable by the clinician co-ordinating the care of the patient 3) The results of any planned scans/investigations should be discussed with the patient by the clinician co-ordinating the care of the patient. <p>It really depends on who requested the test, how it was done and what priority. For example, an X-ray prior to a 2ww lung referral would probably be the GP but, at RBFT, if anything was seen that was suspicious we have an alert system to the respiratory physicians who will contact the patient directly for a CT/OPA rather than via the GP.</p>
148	25 January 2023	Governor	A governor sought assurance on how the Trust monitored 'did not attend' rates and actions in place to reduce these.	Work is ongoing to reduce DNA rates. Some will always be unavoidable in cases of last minute illness for example, but our aim remains to eliminate all avoidable DNAs.
149	26 January 2023	Governor	Governors received a presentation about the analysis of "did not attend" consultations and the actions taken to reduce DNA's. Is this still an issue for the RBH as it is in primary care?	RBFT continues to monitor DNA rates and act if the rates rise (for example, checking if it is an administrative issue). All areas use Doctor Doctor text reminders which have been successful in reducing DNAs. The Transformation team led a project to introduce an AI approach, looking at postcodes, areas of deprivation, high DNA rates etc. and proactively contacting patients prior to appointments to ensure patients have transport, understand their letters and the reason for their appointment or to offer virtual attendance to avoid time off work.
150	22 February	Governor	A query was raised in relation to difficulties in obtaining prescription medicines in local	Patients rarely experience delays on discharge due to unavailability of medicines prescribed on the electronic discharge letter (EDL) or discharge

	2023		community pharmacies that had caused delays to patients receiving their prescribed medicines and whether this supply issue had affected hospital medicine supplies.	summary. The range of medicines stocked in the Trust is a fraction of the total medicines available in the community; therefore, the Trust is less affected by shortages experienced in the community pharmacy sector. If a shortage of a particular medicine is experienced in the Trust or an inpatient is prescribed a medicine on the national shortage list, the Pharmacy has time whilst the patient is still in hospital to either source the drug or work with clinicians to identify an appropriate alternative so that it is available to the patient on discharge. The Trust is also part of the Thames Valley medicines contracting and procurement set up which allows the Trust to be notified of medicines which are coming into short supply and enable the Pharmacy to source the drug (or an appropriate alternative) to ensure its availability to patients at discharge.												
151	7 March 2023	Governor	What is the percentage and number of junior doctors versus Consultant staff at RBH?	Data provided by Medical Workforce on 7 March 2023 <table border="1"> <thead> <tr> <th></th> <th>Headcount</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td>Senior</td> <td>434</td> <td>53.1%</td> </tr> <tr> <td>Trainee</td> <td>383</td> <td>46.9%</td> </tr> <tr> <td>Total</td> <td>817</td> <td></td> </tr> </tbody> </table>		Headcount	Percent	Senior	434	53.1%	Trainee	383	46.9%	Total	817	
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